

PART B—ISSUE FEE TRANSMITTAL

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Washington, D.C. 20231

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028765
WINSTON & STRAWN
200 PARK AVENUE
NEW YORK NY 10166-4193

QM12/0716

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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/355,363	07/28/99	012	MENDEZ, M	3763 07/16/01

First Named Applicant	BOURGUIGNON,	35 USC 154(b) term ext. =	0 Days.
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TITLE OF INVENTION MODIFYING AND SUPPLYING LIQUID NUTRITIONAL FEEDING

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	8265-269	604-518.000	J16	UTILITY	NO	\$1240.00 10/16/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

WINSTON & STRAWN

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NBSTEC S.A.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

VEVEY, SWITZERLAND

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee☐ Advance Order - # of Copies _____

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 501-814
(ENCLOSE AN EXTRA COPY OF THIS FORM)☒ Issue Fee☒ Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Allan A. Fanucci Reg. No. 30,256

(Date)

9/10/01

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09/17/2001 SDENB082 00000053 501814 09355363

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